

C1 2535

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 19270

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

Depth of Well grid

PERMIT NO. grid

OWNER Montgomery, STREET OR RD 7037 Minx Hollow Rd, TOWN Hagerstown, SUBDIVISION Halliwell Property, SECTION, LOT 44

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (use additional sheets if needed), FEET FROM, TO, Check water bearing. Rows include Topsoil, Br Mica, etc.

GRROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL CEMENT C M BENTONITE CLAY B C NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below STEEL CONCRETE PLASTIC OTHER

MAIN CASING Nominal diameter top (main) casing of main casing TYPE (nearest inch) (nearest foot)

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) grid for well depth measurement

SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour)

PUMPING RATE (gal per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING

WHEN PUMPING TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other describe below J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) YES or NO

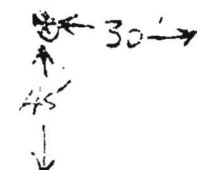
IF DRILLER INSTALLS PUMP THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE A-C J P R S T O IN BOX - SEE ABOVE: CAPACITY GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.01.01 WELL CONSTRUCTION AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE PERMIT CAPTIONED PERMIT AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

DRILLERS IDENT NO. DRILLERS SIGNATURE MUST MATCH SIGNATURE ON APPLICATION! SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



WELL PUMP INSPECTION

Owner's Name: MR. & MRS. KENNETH MONTGOMERY

Address: PRUDHOMER CASINO BUILDING
P.O. BOX 275
MURFREESVILLE, MD. 2402

Location of Property: 7057 DINK HOLLOW ROAD

Plumber or Certified Pump Installer: ROBERT L. FEEZE CO., INC.

Phone Number: 781-4055 775-1405

License Number: 2112

TAG #

HO-81-1029

Receipt Number:

36263

Date:

11/27/85

Comments:

OK to Proceed

Inspection:

Fitness adapter in 46" below - OK
pump tubing, power source + ground in + OK
Tank (270 gal capacity) + pressure gauge
in OK

Date Well Pump Inspection was approved:

Inspector:

11/27/85

B. Nifon

February 3, 1986

Dr. Frank Kops
P. O. Box 273
Millersville, Maryland 21108

RE: Kenneth Montgomerie
7037 Mint Hollow Road
Lot 4A

To Whom It May Concern:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF PROBABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1029. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.02.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

January 31, 1986
Date

Craig Williams
Approving Authority
Craig Williams, Director
Water and Sewerage Program

CK/JS:

Date Well Approved: 6/11/85
Date Septic Approved: 11/21/85